



# City of Long Beach

562-570-6651  
(INFORMATION)  
FAX 562-570-6753

## WORKSHEET FOR MECHANICAL PERMIT

COMPLETE ONLY THOSE PARTS OF THIS FORM THAT YOU UNDERSTAND

BL-377 (10/95)

PROJECT #	PLEASE PRINT				DATE
1. PROJECT ADDRESS (NOT MAILING ADDRESS)				SPACE NO.	ZIP CODE
2. OWNER'S NAME		LAST	FIRST	M.I.	PHONE NO.
3. OWNER'S ADDRESS		CITY	STATE	ZIP CODE	
4. APPLICANT'S NAME (IF SAME AS OWNER, WRITE OWNER)		LAST		FIRST	
5. APPLICANT'S ADDRESS		CITY	STATE	ZIP CODE	
6. JOB DESCRIPTION				VALUATION	
7. PRESENT BLDG. USE		PROPOSED BLDG. USE	OCCUPANCY	TOTAL SQ. FT. OF THIS PROJECT	
8. CONTACT PERSON'S NAME		PHONE NO.	STATE LICENSE NO.	TYPE	
9. ENGINEER'S NAME		PHONE NO.	STATE LICENSE NO.	TYPE	
10. ENGINEER'S ADDRESS		CITY	STATE	ZIP CODE	
11. CONTACT PERSON				PHONE NO.	

### MECHANICAL

<input type="checkbox"/> HEATING APPL	<input type="checkbox"/> WOOD BRNG APPL	<input type="checkbox"/> APPL VENT / CHNY
<input type="checkbox"/> AIR INLT / OUTLT	<input type="checkbox"/> SMOKE / FIRE DMP	<input type="checkbox"/> SMOKE DETECTOR
<input type="checkbox"/> CC CMPRS < = 25HP	<input type="checkbox"/> CC CMPRS 26-50	<input type="checkbox"/> CC CMPRS > 50HP
<input type="checkbox"/> ABSORPTION UNT	<input type="checkbox"/> EVAP COOLER	<input type="checkbox"/> FAN COIL / AIR H
<input type="checkbox"/> HOOD	<input type="checkbox"/> CMCRL CK DUCT	<input type="checkbox"/> PRD CNVY VENT
<input type="checkbox"/> COOLING TOWER	<input type="checkbox"/> ENVR AIR DUCT	<input type="checkbox"/> PIPING SYSTEM
<input type="checkbox"/> RF CMPRS < = 25HP	<input type="checkbox"/> RF CMPRS 26-50	<input type="checkbox"/> RF CMPRS > 50HP
<input type="checkbox"/> BLR < 100K BTU	<input type="checkbox"/> BLR > = 100K BTU	<input type="checkbox"/> ALTR / ADD SYSTM
<input type="checkbox"/> UNDVLP FLR SQ	<input type="checkbox"/> UNDVLP FL / M SQ	

14. SQUARE FEET, TOTAL CONDITIONED SPACE	13. I HEREBY CERTIFY THE INFORMATION IN THIS WORKSHEET IS TRUE AND CORRECT AND THAT ALL LONG BEACH ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH IN DOING THIS WORK.	
	15. SIGNATURE	
16. REMARKS	TAKEN BY	ISSUED BY

### FOR DEPARTMENT USE ONLY

<b>Notify the cashier with one of the following:</b>		
<input type="checkbox"/> Contractor with Workers' Compensation	<input type="checkbox"/> Contractor without Workers' Compensation	
<input type="checkbox"/> Developer with Workers' Compensation	<input type="checkbox"/> Developer without Workers' Compensation	
<input type="checkbox"/> Owner with Workers' Compensation	<input type="checkbox"/> Owner without Workers' Compensation	
<b>Applicant required to update:</b>		
<input type="checkbox"/> City Business License	<input type="checkbox"/> Workers' Compensation Insurance Policy	<input type="checkbox"/> State Contractor's License
<b>Note: If any license or policy has expired, the customer must bring a valid, updated, license or policy, to the Information Counter.</b>		